

Authorization for Email/Text Communications

I, _____ authorize Psychology & Counseling Associates
(Print Name)

to email me at the following email address: _____

I understand that email/text communications are for administrative issues such as appointments. Personal information is not to be communicated using email. I understand that email or texts are not for emergency communications. I understand that emails are not monitored frequently.

I understand that there are risks to receiving emails/texts. I understand that privacy and security are a complex issue and cannot be guaranteed at the same level as telephone or written messages. As such, I understand that emails can be received by unintended recipients, backup copies of email may exist even after email is deleted, email senders can easily type in the wrong email address, etc.

I understand that it is recommended that I take precautions to protect the confidentiality of email, such as safeguarding my computer password and maintaining current recommended security features.

I understand that email/text communications (not including general practice information) will be part of my medical record.

I understand that PCA will not release my email address to 3rd parties unless I provide written consent.

Signature of Patient

Date

Signature of parent/guardian for a minor

Date

Signature of parent/guardian for a minor

Date